

# 2016–2021 ILLINOIS CHILD WELFARE **STRATEGIC PLAN**



# DRAFT

Illinois Department of  
**DCFS**  
Children & Family Services



George H. Sheldon  
Director

## DIRECTOR'S MESSAGE



*Director George H. Sheldon*

The Department of Children and Family Services and our community partners are working toward common goals for the well-being of children.

Last July, based on focus groups with private partners, foster parents and youth and consultation with national experts, we created a Rapid Response plan that set many priorities for the year ahead.

One of our top three goals was to reduce the number of children and youth in residential placements. In fact, since then we have returned more than 340 youth to community-based and family placements from deep-end residential treatment since. That has allowed us to cut in half the number of youth in emergency shelter and detention. That now means that we are at the lowest utilization of deep-end residential placement in Illinois in seven years -- with improved potential outcomes for those youth.

But we must remember that our goal is not to just reduce our utilization of residential treatment, it is to improve the lives of these youth. So we will track the progress of those youth returned to the community to assure they are safe and their well-being improves.

We are also piloting therapeutic community based foster homes as another alternative for residential treatment. By relying on professional foster parents, who have backgrounds in nursing or social work or other such fields, we can give these young people the home like setting they really need.

Doing the right thing for kids is our most important goal.

I know this new direction has meant some difficult adaptation by providers of residential care, but they have responded in constructive ways and we are working with them to make the transition. Change is difficult, but this is the right thing for our kids and for our system. So it is important that we do it in a transparent, deliberate fashion so providers can plan for the future.

We undertook a dramatic change in the way our front-line investigators and case managers work, with a refreshed model for practice that is built on the best practices identified by professionals and experts across the country.

We know more about childhood development than we did ten years ago and we will know more ten years from now. We know now about the impacts of trauma and adverse childhood experiences on children. We have learned that 80% of brain development occurs in the first five years of life. This new knowledge must improve our practice moving forward.

We also have learned the importance of training, particularly experiential training. We now have, on the campus of the University of Illinois at Springfield, a simulation house where front line staff can get additional training in how to respond to real-life situations, both in homes where we are conducting investigations and in the courtrooms where we are seeking judges' orders.

As we intensify our focus on children's well-being and restoring families, we have to be vigilant about safety. On May 16, review teams in Quality Assurance began daily review investigations involving children identified as being at the highest risk of experiencing a fatality or a life-threatening episode. These teams will be engaged with the front-line staff to be sure we have fully assessed danger signals and have set the right case plans in place.

Our Rapid Response plan also set us on a course of transforming our data systems to create data that is available readily to our front-line staff and to those who assess our overall performance. The safety and well-being of our children demands that we put better tools in the hands of our front-line staff – literally in their hands.

We are beginning to roll out mobile devices for investigators and case managers to reduce their paperwork.

These devices will allow pictures and notes to be taken in the field and automatically uploaded to our database. Less duplication and paperwork will allow workers to focus on what is most important – working with families and protecting children.

As a consequence of initiatives begun in this department and in other departments of state government, the governor in January announced an HHS Transformation, coordinating the activities of 12 state agencies. There is a truly unprecedented degree of coordination and cooperation among all these agencies on the vexing problem of behavioral health, which touches on prisons, juvenile justice, child welfare, education, Medicaid, health care, economic self-sufficiency, and more.

The more we learn about child abuse and neglect, the more we realize it is rooted in mental health and substance abuse. The more we look at our prison population, the more we realize that prisons are now our largest mental health institutions.

Our goal is nothing less than to be the model for the nation in how to effectively manage prevention and treatment of substance abuse and mental health challenges throughout the population of Illinois.

Why is this so important?

Behavioral health problems drive \$2 billion to \$3 billion dollars in costs across in Illinois every year. We see substantial opportunities to derive better value and better outcomes from the money we spend. These challenges are on the rise in our population. And from a child welfare perspective, we estimate that 45 percent of children needed, but did not receive, mental health services, more than twice the level for adults.

Directors Felicia Norwood and Nirav Shah, Secretary Jim Dimas, and I have met with legislative leaders of both parties in Springfield to brief them on this transformation. As we told them, we are preparing to ask the federal Medicaid system for a statewide waiver, known as a Section 1115 waiver, to allow us the flexibility and funding to pursue this transformation. As we develop the framework for that waiver request, we will learn from past requests by the state and from successful efforts in other states.

This will require a significant amount of stakeholder engagement and input. So we will need all our community partners to give us their thoughts and suggestions. You will hear more about this over the next few weeks as we develop a more formalized process for input.

We have also been planning beyond this period of rapid response to a five-year look at what we need to accomplish and how we will accomplish it.

This is not a partisan issue. It is not a conservative-liberal issue. Mental illness and substance abuse issues afflict Democrats and Republicans alike, young and old, rich and poor.

We know, from clear evidence, that a substantial amount of crime and poverty is driven by problems of mental illness and substance abuse. If we can do more to prevent, identify and treat those problems, we will make our communities safer . . . reduce the costs of welfare programs . . . and help people turn their lives around and become more productive, self-sufficient citizens.

As we move forward in planning that huge undertaking, we must do our part in the child-welfare system, where the trauma of abuse and neglect creates or exacerbates behavioral health problems in children.

I met recently with one of our private provider agencies whose history goes back more than a hundred years to some of the first orphanages. That was our model of care then, and it was more or less assumed that children in orphanages and foster care would remain there until adulthood. Federal dollars were distributed on the basis of how many children were in care, so providers actually lost money if they successfully restored a family and reunited children with their biological parents.

Illinois began changing that in 1997, and much of the nation has moved away from that approach as well. As we have focused more on reuniting families and encouraging adoptions and creating other permanent

connections for children and youth, we have learned so much, and have so much hard evidence about what works in helping kids overcome special challenges, including abuse and neglect.

Illinois is going to immerse itself in the lessons we have learned and enlist entire communities and their resources in doing the right things to serve our most vulnerable citizens, the children and youth who do not have parents who can properly care for them and in fact sometimes abuse or neglect them.

This is something we agreed to do in the federal court consent decree, but it is also a very good thing for children and will be a model for how we enlist all the resources of a community in a cooperative way to improve the lives of children who come into our care. We will enlist judges, law enforcement, and other community stakeholders as well the front line of the department and our private service providers.

We have announced the first four of what we are calling Immersion Sites, envisioning a coordinated approach to protecting and helping young people in cases of abuse or neglect. This initiative enlists government and private agencies. For far too long we have largely operated separately. These pilot sites will drive a coordinated approach in these communities, with more local control and coordination. We intend to eventually expand them across the state. We have made a commitment to the federal court to do this, but more important we have a commitment to our children to do this.

Communities know their needs best. When they take ownership of the welfare of our children, it is the children who benefit.

We chose these initial sites in part because they wanted to be among the first, and they have shown the spirit of common purpose we need to really test out this comprehensive model of child care and let us learn from mistakes before we roll it out gradually across the state. They have the capabilities and commitments we need to make a pilot program successful and pave the way for many more to follow.

The initial sites are – Lake County . . . St. Clair County . . . Rock Island and its adjacent counties Mercer and Henry . . . and finally the more rural area surrounding Mount Vernon in the counties of Clay, Hamilton, Jefferson, Marion, and Wayne. Directors of these immersion programs will report directly to senior leadership within the department.

Many other areas of Illinois have expressed their interest in becoming an immersion site. Rest assured that we will be rolling out a second cohort soon, so continue to work with us in anticipation of that development.

This brings us directly to this strategic plan to guide prevention and improvements in child-welfare system of Illinois for the next five years.

Everything we are doing must be guided by a vision and by evidence of what really works in programs to protect children and get them on a path to self-sufficiency and let them share in what Thomas Jefferson called people's self-evident right to the pursuit of happiness.

Planning for the future is important because it brings all the stakeholders of our system together to talk about our biggest challenges and how we can address them together, with everyone pulling together. I want us to have a plan that is so embedded in the mutual commitment of everyone in this system that it takes on a momentum of its own, regardless of changes in administration or department leadership.

We are truly looking to apply the knowledge of people who have studied these challenges and collected data for many years. It is time government, like private businesses, focus on what really works.

This draft of the plan is just that – a draft. We cannot make this work without the full engagement of all of the entire community, from the people in DCFS to the foster parents and birth parents, to professional service providers and, yes, youth themselves.

We want everyone involved to help us fill in the details, the priorities, the challenges.

The response to our planning and to all that we have undertaken has been extraordinary. So many providers, for example, have come to me and said, “We understand where the system is going and why, and we want to identify how we can adapt our programs to these needs.” We have tremendous leaders and organizations in our child-welfare system, and we need you now more than ever. We need to inject innovation into our system.

Once the strategic plan has been finalized, we will convene a Summit in the fall, near the center of the state. We want people from throughout our system – from investigators and case managers to leaders of provider agencies, from lawyers to judges, from foster parents, birth parents and guardians to youth – to come together and talk about where we want to go and how we are going to get there.

We have come a long way together. We have so much more to do, but what we have done gives us confidence that we can truly accomplish so much more.

We speak in terms of programs and funding, but our real priority is the children and families of this state who need us and rely on us.

We can give them services, but what we really are providing is hope. When people lose hope, they really have lost everything, and the sense of hopelessness spills over into the next generation of their family and into the rest of society.

So let us inspire that hope. Hope for independence and self-sufficiency. Hope for a more loving and successful family. Hope that they can overcome what has afflicted them. We can break the cycle by working together.

Thank you for joining us on this journey for the children and families of Illinois.

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## PROCESS OVERVIEW

The Illinois Department of Child and Family Services (IDCFS) Leadership Team met with leadership from the Child Welfare Advisory Council in February of 2016 for an externally facilitated strategic planning session. This time together provided an opportunity for a robust discussion about the department's past, present and future. The result of this session was the foundation of a focused mission, vision and set of values to guide us forward.

The foundation continues to grow as the draft document is reviewed by internal and external stakeholders across Illinois. Note that because this is the Illinois Child Welfare Strategic Plan versus the IDCFS Strategic Plan, the Objectives are much broader.

The ever growing foundation will be vetted by communities and stakeholders across Illinois for feedback and suggestions, with a final plan being disseminated in Fall 2016. Opportunities to participate will include the following:

- May 12th Live Stream with IDCFS Director George Sheldon sharing an update on the DCFS Transformation and Illinois Child Welfare Strategic Plan
- Four Town Hall Meetings (one in each Region) with IDCFS Director George Sheldon (June 2016 – August 2016)
- Facilitated workshops hosted by standing committees, councils and taskforces across the state
- A survey to be released in late June 2016 for feedback
- Opportunity to provide feedback at any time to [dcfs.strategicplan@illinois.gov](mailto:dcfs.strategicplan@illinois.gov)

This 2016-2021 Strategic Plan will not only provide our goal to determine areas of focus and priority over the next five years but also to be so embedded in the mutual commitment of everyone in this system that it takes on a momentum of its own, regardless of changes in administration or department leadership. This plan will shift away from compliance and move toward a family-centered, strengths-based practice and trauma-informed approach where the needs of children and families always come first. We are not doing this just for the sake of change. We are truly looking to apply the knowledge of people who have studied these challenges and collected data for many years. It is time government, like private businesses, focuses on what really works.

Note that this is a draft. We cannot make this work without the full engagement of all of the entire community, from the people in DCFS to the foster parents and birth parents, to professional service providers and, yes, youth themselves. We want you to help us fill in the details, the priorities, the challenges. We have tremendous stakeholders, leaders and organizations in our child-welfare system, and we need you now more than ever.

Please take the time to read and share your thoughts, comments and additions at [dcfs.strategicplan@illinois.gov](mailto:dcfs.strategicplan@illinois.gov).



## **MISSION, VISION AND VALUES**

**Mission:** To promote prevention, child safety, permanency and well-being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve.

**Vision:** Communities strengthening families to ensure every child is safe, healthy and productive at home and in school.

### **VALUES:**

We value Trust.

We value Compassion.

We value Accountability.

We value Responsiveness, Relationships and Respect.

We value Empathy.

We value Safety.

## GUIDING FRAMEWORK & PRINCIPLES



### Health and Human Services Transformation

On January 27, 2016, Governor Bruce Rauner announced the Health and Human Services (HHS) Transformation in Illinois to become a system of coordinated and community based supports for vulnerable children and families in Illinois. DCFS Director George Sheldon has been at the center of the development of this transformation plan that is inclusive of five major areas:

- Education and Self-Sufficiency
- Moving from Institutional to Community Based Care
- Paying for Value, Quality & Outcomes
- Prevention and Population Health
- Data Integration and Predictive Analytics

Illinois is preparing to formally ask the federal Medicaid system for a statewide waiver, known as an 1115 waiver, to allow us the flexibility and funding to pursue this transformation. We have also been planning beyond this period of rapid response to a five-year look at what we need to accomplish and how we will accomplish it. The governor wants no less than to be a model for the nation, and we want a model not just for other STATES but for private health insurance coverage of mental health, substance abuse and other behavioral health issues. It's not often that you see state government as a model for private industry, but that is our ambition.

The HHS Transformation framework is also the guiding framework for the DCFS transformation. Each priority lever detailed in this Plan is a demonstrated operationalization of this priority. Working across the multiple Illinois HHS agencies is also necessary to have the greatest possible impact on vulnerable children and families.

### Rapid Response

In July 2015, after focus groups with private partners, foster parents and youth, and after consultation with national experts; we created a Rapid Response plan that set many priorities for the year ahead.

One of our top three goals was to reduce the number of children and youth in residential placements by 10 per cent. In fact, we have now stepped down 330 youth to community-based, family placements from deep-end residential treatment since last April, when the residential population was about 1,150. That created space that has let us cut in half the number of youth in emergency shelter and detention.

The Rapid Response plan also set us on a course of transforming our data systems to create data that is available readily to our front-line staff and to those who assess our overall performance as a system of care.

### Permanent Connections

Establishing a consistent and committed long term adult relationship is necessary for children in foster care to overcome trauma and be successful adults. Permanency and home are two words that mean very different things to different people.

Ultimately, all of our work supporting children is meaningless if we do not establish a consistent and committed healthy and secure attachment and relationship with an adult. Over 70 years of well documented research states that the single most important factor in the resolution of the trauma that children experience in foster care is a secure and healthy attachment to a consistent and committed adult. We know more about childhood development than we did ten years ago and we will know more ten years from now. We know now about the impacts of trauma and adverse childhood experiences on children. We have learned that 80% of brain development occurs in the first five years of life. This new knowledge must improve our practice moving forward.



Knowing this information, we must continue to be innovative and flexible to meet the needs of each of our children. Clinical treatment and intensive placement options such as Residential Treatment Facilities are limited in their ability to impact lives long term without these connections. We have a goal to reduce the number of children placed in out of home care and particularly group or residential facilities. This document details a clear and robust strategy to get us there.

There are three major corollaries associated with this adult relationship:

**Safety:** Without a secure and healthy attachment we often achieve physical safety for our children but leave them feeling unsafe, frightened and insecure; for example, during abrupt transitions or transportation by strangers.

**Permanency:** Permanency is that relationship with a committed adult and must be defined individually by each child as “home”.

**Well Being:** Without establishing a secure and healthy attachment, our children are left with the trauma associated with their foster care experience. As a result, we do not arm them with the necessary skills and supports to develop. Research has shown that young children who are exposed to chronic or persistent trauma may experience “toxic stress.” This condition, which can begin as early as infancy, impedes healthy brain development, and increases the risk of negative, immediate, and long term social-emotional and physical health outcomes. Toxic stress is now considered a powerful contributor to cumulative childhood risk factors that predispose young people to substance abuse and other negative longitudinal outcomes. Studies such as the Adverse Childhood Experiences (ACES) study are making this abundantly clear.

Each of the objectives, strategies and action steps in this plan will guide us toward the ultimate goals detailed above.

### **Core Practice Model and Immersion Sites**

As the underpinning of the HHS Transformation, child welfare system shift and all other targeted reform efforts, DCFS is implementing a Family-Centered, Trauma-Informed, Strength-Based (FTS) Child Welfare Practice Model. This model allows Illinois to identify, intervene, and address the effects of adverse and traumatic experiences of children served by the Department. The FTS model also builds parental capacity by focusing on family and individual strengths. The core values of the FTS model include Child Safety, Permanency, and Child Well-Being along with Practice Tenets and Standards of Child-centered, Family-driven, Trauma-Informed, Strengths-based, Evidence Informed Practice. A key component of FTS is cultural competence and humility to reduce disproportionality in child welfare.

The FTS model will be supported and sustained through the Model of Supervisory Practice (MoSP) that will support supervisors in implementing and operationalizing FTS for all those working with children and families. The MoSP Practice Tenets and Standards included Excellence, Accountability, Race-Informed Practice and Agency Culture. The MoSP ensures that the duties and boundaries of supervision are clear and that supervisors have up-to-date knowledge of social work best practices; legislation; national and state policies and practices; and data and research relevant to child welfare, which promotes the safety, permanency and wellbeing for the children served. The FTS and MoSP models will be rolled out through immersion sites beginning in August 2016.

Immersion sites are pilot sites representing a small geographic area where DCFS leaders and staff, private agency staff, guardians ad litem, Court Appointed Special Advocates, youth, birth parents, foster parents, court officers, care coordinators, and residential and group home agency staff, and other community resources involved with children and families in foster care will come together to develop “pilot” sites of a child and family centered practice approach. These sites will represent a true partnership between DCFS and Purchase of Service agencies (POS) for the first time, working together to support kids and families through shared ownership.

Illinois is going to immerse itself in the lessons we have learned and enlist entire communities and their resources in doing the right things into serving serve our most vulnerable citizens, the children and young people who do not have parents who can properly care for them and in fact sometimes abuse or neglect them.

This is something we agreed to do in the federal court consent decree, but it is also a very good thing for children and will be a model for how we enlist all the resources of a community in a cooperative way to improve the lives of children who come into our care. We will enlist community stakeholders, judges and court staff, law enforcement, judges, the faith-based community as well the front line of the department and our private service providers.

The first cohort will include 10 percent of children in care across the state, through four IDCFS Field Offices to include Waukegan, Rock Island, St. Clair and Mount Vernon. The roll out will continue leading to statewide implementation. The oversight and implementation will be led by the DCFS Regional leadership in conjunction with Immersion Site Directors and additional expert support to ensure that local barriers are identified and resolved quickly.

Current processes such as Clinical Intervention for Placement Preservation (CIPP), Integrated Assessments, Monitoring, Central Matching, Quality Assurance, etc. will be evaluated in these immersion sites. Shifts in these current processes may occur based on local needs and recommendations. There will also be waivers to DCFS policies and procedures as appropriate – with child safety and wellbeing at the forefront – creating the flexibility needed to best serve individual children and families.

In the Fall of 2016, a statewide summit will be held to kick off these immersion sites, provide relevant training opportunities, allow time for local planning and share the final strategic plan. The courts, private agencies and many others will be part of the planning for this summit and participation will be inclusive as well.

## FOUNDATIONAL REQUIREMENTS

To accomplish the bold transformation outlined above, the following Foundational Requirements will remain at the center of all work efforts to ensure sturdy building blocks support our foundation. These will ensure successful implementation and sustainability of these efforts to transform child welfare in Illinois.

### **Legislative Considerations**

In every recommended objective and strategy to accomplish the goals of this plan, the required legislative and policy changes will be evaluated prior to proceeding with the strategy. The DCFS legislative and policy divisions as well as the Child Care Association of Illinois, Child Welfare Advisory Committee, Youth Advisory Boards and Child and Family Services Association feedback will also be considered before proceeding.

### **Resources Required**

The FY17 Governor's Budget proposal includes the necessary investments in DCFS and its partners to effectively accomplish this plan. Several consultants are also included in the success of this plan to get new initiatives off the ground and act as coaches and mentors for leaders and staff across Illinois ensuring long term sustainability of the transformation. We are also preparing to formally ask the federal Medicaid system for a statewide waiver, known as an 1115 waiver, to allow us the flexibility and funding to pursue the transformation of behavioral health. As we develop the framework for that waiver request, we will learn from past requests by the state and from successful efforts in other states.

### **Staff Required**

There is limited additional full time staff necessary to implement this strategic plan. Additional staff resources will include repurposing current positions based on the new priorities and focus. Consultants will be brought on as mentioned above.

### **Standardized Start Up Plans and Implementation Teams**

To effectively implement such a broad transformation, standardized tools and an appointed implementation team will be necessary to ensure shared responsibility and a common approach to the implementation of new initiatives. In addition, a Strategic Planning and Innovation liaison will be assigned to each Implementation team to drive progress and break down barriers.

### **Defined Process for internal and external Recommendations**

Strategic Planning and Innovation will develop standardized tools for internal and external recommendations and requests submitted to DCFS leadership for evaluation. These tools will include a required response within 30 days and all requests, as well as responses, will be monitored and stored for a historic record that is readily available. This process will be reviewed and approved by impacted advisory councils and committees.

### **Transformation of vendor, partner and community Relationships**

This building block is the key driver of the Strategic Plan's proposed transformation. In order for the Mission, Vision and Values to be operationalized, the core of our relationships must shift. We must develop partnerships with purpose, as defined in this plan.



**STRATEGIC INITIATIVES:**  
Goals, Objectives and Strategies

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**GOALS**

**Goal One:** Education and Self-Sufficiency

**Goal Two:** Moving from Institutional to Community Based Care

**Goal Three:** Paying for Value, Quality & Outcomes

**Goal Four:** Prevention and Population Health

**Goal Five:** Data Integration and Predictive Analytics

**Goal Six:** Build relationships and effective communications streams internally and externally by engaging youth and their families

These six goals are presented below with clear and defined objectives and strategies. These six goals represent the overarching priorities for those serving children and families in Illinois. DCFS leadership is held accountable for the progress in each of these areas, demonstrating increased partnerships with both internal and external partners.



### **Goal One: Education and Self-Sufficiency**

- 1.1 To expand educational services and supports for youth across the state
  - 1.1.1 Continue to support our School Readiness Team who provides services for children in care 3-5 years of age, across the state
  - 1.1.2 Create FAQ booklet to be used by school personnel across the state to better support our youth educationally by being aware of policy/procedures, resources, and opportunities
  - 1.1.3 Expand University-run First Star Academies across the state to offer youth in care the opportunity to attend life-changing college-readiness programs
  - 1.1.4 Evaluate and assess the strengths and needs of Illinois college students who are recipients of the DCFS Youth in College financial assistance programs.
  - 1.1.5 Strengthen the work of Education Advisors and Education Liaisons throughout the state.
  - 1.1.6 Seek foundation funding for educational liaisons to better support children in care.
- 1.2 To expand employment opportunities and training for youth across the state through the Building Futures program. This initiative calls upon the business community to support DCFS youth by becoming Employer Champions, making a commitment to hire DCFS youth in care who are transitioning out of the foster care system.
  - 1.2.1 Pilot goal of one hundred 18-21 year old DCFS youth in care being prepared for employment and placed in jobs with the Employer Champions.
  - 1.2.2 Continue to support the statewide Countdown to 21 Initiative.
  - 1.2.3 Enhance and expand current Education and Employment contracts to better support children and youth in long term careers.
  - 1.2.4 Sign Intergovernmental Agreement with the Illinois Department of Commerce and Economic Opportunity.
- 1.3 To provide comprehensive educational services and support for youth in care from ages 3-21.
  - 1.3.1 Enhance policies, procedures and practices for youth in care from ages 3-5 ensuring that they are school-ready by providing high-quality language, literacy, and socialization skills.
  - 1.3.2 Enhance policies, procedures, and practices for youth in care ages 5-14 ensuring that academic and emotional support, higher standards, and better assessments are implemented to prepare students to succeed in college and the workplace.
  - 1.3.3 Enhance policies, procedures and practices for youth in care ages 14-21 ensuring that they are educated, employable and living in the least restrictive community based setting through positive youth engagement.



- 1.3.4 Draft collaboratively new policy and procedures with allies, providers, and advocates from across the state.
- 1.3.5 Incorporate academic centers in the immersion sites offering remedial lessons, credit recovery, tutoring, enrichment, and ACT/SAT test prep.
- 1.4 To develop the capacity to access real time information regarding school and education records for children in foster care through information sharing and technology.
  - 1.4.1 Execute the Intergovernmental Agreement between the Illinois State Board of Education and DCFS to begin tracking educational data of youth in care.
  - 1.4.2 Amend school codes requiring each school district to appoint a DCFS liaison within the school.
- 1.5 To expand the knowledge base of our child welfare staff, schools, and foster parents regarding educational issues, resources, and opportunities to better serve our youth in care.
  - 1.5.1 Create an Interactive Education Training module for child welfare staff, schools, and community agencies.
  - 1.5.2 Continue to listen to and act upon the issues raised by our youth through the Youth Advisory Boards.
  - 1.5.3 Revise the Foster Pride training regarding Educational Advocacy to be more inclusive and comprehensive to better reflect to educational issues our youth often encounter.
  - 1.5.4 Expand the use of the D-Net Education Link Tab by child welfare professionals to become familiar with education resources and information.
  - 1.5.5 Revise Education 314 Rules and Procedures.
  - 1.5.6 Develop the capacity to access real time information regarding school and education records for children in care through information sharing and technology.
  - 1.5.7 Develop a system of timely notification related to school discipline.



## **Goal Two: Moving from Institutional to Community Based Care**

- 2.1 To decrease the reliance on institutional deep end settings through the development of Therapeutic Foster Care and other alternative placements.
  - 2.1.1 Build capacity of caregivers to be able to effectively work with youth who have experienced trauma.
  - 2.1.2 Pilot Therapeutic Foster Care in three areas with multiple models.
  - 2.1.3 Execute performance based contract with initial selected provider including a detailed program plan and rate
  - 2.1.4 Expand use of trauma-informed, skill-based training for foster caregivers living with trauma-exposed children and youth.
- 2.1.5 Secure technical assistance from national expert/consultant.

- 2.1.6 Establish data, service and outcomes to be tracked monthly.
- 2.1.7 Recruit and train Therapeutic Foster Parents.
- 2.1.8 Provide continued support for implementation of Therapeutic Foster Care Pilots.
- 2.1.9 Establish baseline data and evaluation design to document the success of the program in achieving a secure and healthy attachment for each child and youth.
- 2.2 To develop and implement enhanced pathways to permanency focused on reducing the age eligibly for guardianship, expanding the definition of fictive kin, and renewed focus on family like relationships to improve time to permanency.
  - 2.2.1 Modify Rule 302.10 to lower eligibility age and qualification of relatives and fictive kin.
  - 2.2.2 Amend the Child and Family Services Act to include relationships after coming into foster care.
  - 2.2.3 Enhance Family Finding Initiatives.
  - 2.2.4 Invest in Family Finding software.
  - 2.2.5 Ensure consistency between placement and licensing requirements for permanency purposes.
- 2.3 To utilize the Intensive Placement Stabilization (IPS) and Trauma Provider Credentialing to increase the array of services available in the community to keep children stabilized in home and community placements.
  - 2.3.1 Build the capacity and utilization of evidence-based and evidence-informed community-based, in-home interventions with specific focus on expanding use of trauma-informed services.
  - 2.3.2 Add expressive therapies to the array of IPS services.
- 2.4 Expand the usage of Family Advocacy Centers (FAC), Crisis Nurseries and Safe Families, creating a community approach to supporting families through better integration and alignment with the Regional child protection programs.
  - 2.4.1 Utilize SAFE families for Children (SFFC) to assist and divert families from foster care.
  - 2.4.2 Expand Family Advocacy Centers.
  - 2.4.3 Utilize strategies to support child welfare prevention.
- 2.5 To expand the Quality Parenting Initiative more broadly, shifting the approach to communicating with and supporting foster parents across the state.
  - 2.5.1 Address adequacy of foster parent cost-of-care reimbursements, insurance/legal and emergency casework support for foster parents.
  - 2.5.2 Staff adequately foster care programs to build the foster parent supports needed to stabilize children in home settings.
  - 2.5.3 Assure family-based care is also permanency-focused.
  - 2.5.4 Support foster parents in adopting older youth.
  - 2.5.5 Expand the Quality Parenting Initiative throughout the state.
- 2.6 To proceed with Regional Empowerment plan, shifting placement resources and foster care supports to the regional level to build community engagement.
  - 2.6.1 Move to centralized program leadership and regional/area operational supervision and management.

- 2.6.2 Analyze systematically each of the centrally managed DCFS programs and make recommendations regarding benefits and costs of regional day to day supervision with central office policy and planning oversight.
- 2.6.3 Shift oversight of foster parent recruitment and retention, Family Advocacy Centers, and Permanency Achievement Specialists to regional/local areas.
- 2.6.4 Develop a computer based level of care assessment support and child/provider matching process enabling Central Matching to be performed in the Immersion Sites.
- 2.6.5 Assess and update Specialized Foster Care to better serve the needs of children.
- 2.6.6 Institute an updated performance based contracting system to support positive outcomes.
- 2.7 To continue utilizing the Rapid Response Residential Care Team to triage, review, and improve service efficacy and delivery.
  - 2.7.1 Continue to review the use, definition, and function of Therapeutic Residential treatment services, with a focus on trauma informed, family-centered, and time limited level of care.
  - 2.7.2 Continue to integrate and collaborate with provider community and stakeholders related to residential care policy, procedures, utilization, and monitoring.
  - 2.7.3 Continue to emphasize improvement through the review youth feedback in secure suggestion boxes and through the new e-mail contact system. Through the Advocacy Office in partnership with monitoring and statewide improvement.
- 2.8 To evaluate current performance based contracting policies and practices, leading towards improved outcomes for children and families and resulting in available return on investment funding to support prevention.
  - 2.8.1 Utilize rate structures that pay for quality and outcomes, not solely volume of services.
  - 2.8.2 Explore creative and innovative programs that incentivize providers to reduce lengths of stay in high end placements and increase home and community based services
  - 2.8.3 Reinvest savings realized from reducing high end placements to fund additional home and community based prevention services.



### **Goal Three: Paying for Value, Quality & Outcomes**

- 3.1 To implement and establish Care Management Entity pilots that utilize Child and Family Teams to develop and provide access to community services and supports for children in foster care with complex behavioral health needs.
  - 3.1.1 Continue referrals for Care Management Entity pilot in current target area.
  - 3.1.2 Complete contract amendment and Intergovernmental Agreement to combine DCFS and Illinois Department of Healthcare and Family Services (HFS) contracts.
  - 3.1.3 Add additional Care Management Entity pilot sites.
  - 3.1.4 Establish university based Center of Excellence to provide training and technical assistance.

- 3.1.5 Require Care Management Entity providers to participate in DCFS Trauma credentialing program.
- 3.2 To provide access to the least restrictive placements with trauma informed services for youth involved in both child welfare and juvenile justice utilizing the Regenerations and the Pay for Success Dually Involved Youth pilots.
  - 3.2.1 Build capacity of providers to provide intensive home and community based services tailored to the needs of dually involved youth.
  - 3.2.2 Preserve placement stability, enhance youth wellbeing and provide support to caregivers who otherwise would not be able to successfully care for these youth.
  - 3.2.3 Evaluate and assess program capacity and positive outcomes for dually involved youth.
- 3.3 To ensure improved integration of physical and behavioral health care, DCFS will work with the Illinois Department of Health and Family Services (HFS) to develop an integrated system of care to serve children with complex behavioral health needs and their physical health needs.
  - 3.3.1 Research managed care plans that will efficiently and effectively organize behavioral and physical health services for DCFS youth and other youth with complex behavioral health needs.
  - 3.3.2 Establish partnerships with HFS, private providers, youth and family to develop managed care contract deliverables with clear performance and outcome expectations.
  - 3.3.3 Establish implementation teams to ensure that all aspects of implementation are overseen effectively and implementation issues are addressed.
  - 3.3.4 Monitor performance of managed care plan to ensure that performance and outcome expectations are being met.
- 3.4 To continue an ongoing quality improvement process to measure, track, and analyze progress toward agreed upon goals of improving safety, permanency and well-being of DCFS youth.
  - 3.4.1 Support ongoing efforts to improve practice and performance in CFSR measures.
  - 3.4.2 Continue Adventures in CQI initiative.
  - 3.4.3 Support ongoing efforts to maintain Accreditation through the Council on Accreditation to support best practice in child welfare.
  - 3.4.4 Support ongoing efforts to improve performance toward goals outlined in the 2015-2019 CFSP.
  - 3.4.5 Utilize Eckerd Rapid Safety Feedback Teams to improve performance and decrease the number of deaths and serious injuries for children whom the Department has had prior involvement.
- 3.5 To leverage university contracts promoting internal capacity to produce and measure outcomes and to deliver products that align with evolving DCFS needs.
  - 3.5.1 Review all university contracts to determine redundancies.
  - 3.5.2 Evaluate necessity of contracts based on increased internal capacity.
  - 3.5.3 Re-issue contracts as necessary to align with vision.
- 3.6 To collaborate with the DCFS Office of Information and Technology (OITS) and other divisions to create a streamlined process of defining data consistently and accurately, making data easily available and understood, having data analyzed accurately to identify patterns and trends allowing data to be communicated and utilized routinely at all levels within the state child welfare system.

- 3.6.1 Provide Data Analysis Training for staff.
- 3.6.2 Develop a Data Integrity Plan.
- 3.6.3 Develop and support a Case Review Integrity Plan for Quality Assurance.
- 3.6.4 Develop and support a Data Definitions workgroup.
- 3.6.5 Develop and support a Dashboard Approval workgroup.
- 3.6.6 Develop Logic Models for all divisions in the Department including Inputs, Outputs and Outcomes/Impacts.
- 3.7 To reinforce training and embed the Family Focused, Trauma Informed, and Strengths Based (FTS) Illinois Core Practice Model through the use of Immersion Sites.
  - 3.7.1 Develop Training curriculum and timeline
  - 3.7.2 Integrate Race-Informed practice values, principles and tools into the FTS Core Practice Model to begin addressing race-based disproportionality and disparities.
  - 3.7.3 Develop a Readiness Assessment.
  - 3.7.4 Select first cohort of Immersion Sites.
  - 3.7.5 Add Immersion Site Objectives and Responsibilities to existing Permanency Local Action Team Sites to accelerate/expand site partnership structure and operationalization.
  - 3.7.6 Plan and execute an annual Statewide Summit.
  - 3.7.7 Gather baseline data and determine evaluation design, implementation and re-evaluation.
  - 3.7.8 Begin provision of family focused and trauma informed care.
  - 3.7.9 Hire additional staff as needed.
  - 3.7.10 Develop and implement sustainability plan.
  - 3.7.11 Analyze current workload and determine if duties can be streamlined or reduced to address additional workload.
- 3.8 To engage external experts through consultation contracts to leverage their expertise in implementation of transformation efforts.
  - 3.8.1 Execute contracts for experts in Therapeutic Foster Care, Core Practice Models, Immersion Site Implementation, Organizational Change Management and Managed Care for DCFS youth.
  - 3.8.2 Utilize experts' feedback to improve implementation of all initiatives.
- 3.9 Increase permanency and address workforce issues.
  - 3.9.1 Need for a Workforce that pursues work with families differently
  - 3.9.2 Need for working with foster parents, relatives and fictive kin differently
  - 3.9.3 Need for identifying the right mix of resources needed to move kids more quickly
  - 3.9.4 Need for child welfare to undertake work with the courts on the long term strategy
  - 3.9.5 Performance contracts that incentivize permanency, reduced lengths of stay and allow reinvestments into strengthening their capacity





#### **Goal Four: Prevention and Population Health**

- 4.1 To enhance and strengthen relationships with the Cook County Sheriff's Office through the establishment of a co-funded Youth Recovery Unit, ensuring missing youth are quickly located and assessed for a more appropriate long term placement.
  - 4.1.1 Co-locate Child Intake and Recovery Unit staff with Sheriff Officers to work together in Cook County to locate missing youth.
  - 4.1.2 Enhance systems of data tracking and evaluation to document the recovery of missing youth and the arrest and prosecution of perpetrators of trafficked youth.
  - 4.1.3 Develop linkages with Central Matching to ensure that these youth receive necessary stability and safety including achieving a secure and healthy attachment to a consistent and committed adult.
- 4.2 To support the developmental and social-emotional well-being of young children, ensure that families receive evidence based assessments and supports through early childhood initiatives and programs.
  - 4.2.1 Explore options for IB3 Waiver Expansion
  - 4.2.2 Infuse developmentally and trauma informed practices/policies throughout the system
  - 4.2.3 Explore options for creation and development of Baby Court
  - 4.2.4 Increase collaboration between case workers and early childhood staff regarding making case management decisions that support attachment and developmental needs
  - 4.2.5 Ensure children receive early intervention services as needed in compliance with B.H and Child Abuse Prevention and Treatment Act (CAPTA) guidelines
  - 4.2.6 Capture data from providers/partners regarding development and social-emotional well-being of children served by the Department to guide practice and policy
- 4.3 To improve data collection regarding child well-being related to education, social functioning, physical health and mental health.
  - 4.3.1 Enable meaningful use of the Child and Adolescent Needs and Strengths assessment instrument (CANS) through improving capacity and skill of CANS use in the field.
  - 4.3.2 Finalize the Psychiatric Hospital database.
  - 4.3.3 Develop process to enter clinical documentation into the Statewide Automated Child Welfare System (SACWIS), including DCFS nurses and HealthWorks staff.
- 4.4 To reinstitute primary and secondary HIV prevention for at-risk youth and families to work toward the goal of zero transmission.
  - 4.4.1 Continue collaboration between DCFS and the Illinois Department of Public Health (IDPH) regarding HIV/AIDS education and prevention.
- 4.5 To build a Health Portal that allows Primary Care Providers (PCPs), providers, foster parents and parents access to documents and saved electronic health records for all children in foster care to ensure coordinated care.

- 4.5.1 Finalize mapping and coding for E-health Passport to include medical information
- 4.5.2 Add Mental Health records including Psychological Evaluations
- 4.6 To strengthen the wellbeing of individuals and families by building protective factors to enhance personal, family and community vitality.
  - 4.6.1 Continue the quarterly immunization and congregate care reporting.
  - 4.6.2 Begin in Cook County to screen all cases for Fetal Alcohol Syndrome
  - 4.6.3 Create a system of notification for children with complex medical needs
  - 4.6.4 Increase education regarding Sexual Health, Contraception and Family Planning.
- 4.7 Quality Improvement Center Adoption and Guardianship Study.
  - 4.7.1 Develop, in collaboration with the Quality Improvement center for Adoption & Guardianship Support and Preservation (QIC-AG), a continuum of services that increase permanency and guardianship
  - 4.7.2 Increase post-permanency stability
  - 4.7.3 Improve behavioral health outcomes for children
  - 4.7.4 Improve child and family well-being
- 4.8 To improve and strengthen response to issues of Human Trafficking.
  - 4.8.1 Continue workgroup under Senate Bill 1763 to review the continuum of care for DCFS youth who have been identified as trafficked minors.
  - 4.8.2 Provide recommendations to the legislators regarding the array of services needed for this population.
- 4.9 To enhance the parenting skills and family supports for youth in care who are parenting, by utilizing best practice integration and collaboration with other state agencies.
  - 4.9.1 Formalize best practices for the pregnant and/or parenting teen youth in care population and integrate into statewide program plans, training, and service delivery.
  - 4.9.2 Partner with UCAN's Teen Parenting Service Network, the Governor's office, and Healthy Families Illinois programs to link 20-30 teen parents in care with home visiting resources.
  - 4.9.3 To build and strengthen prevention services to prevent children and families coming into care
- 4.10 To Continue the Rapid Response Safety and Supervision work.
  - 4.10.1 Develop Public Service Announcements (PSAs) and awareness campaigns on child safety
  - 4.10.2 Collect and review feedback from Area Administrators, Child Protection Investigators, supervisors, and stakeholders to address the area of Prevention and Population health. Develop a plan to locate and properly classify missing or runaway youth. Enhance the current process to locate children and youth absent from authorized placements



## **Goal Five: Data Integration and Predictive Analytics**

- 5.1 To improve internal capacity of the DCFS in the identification and usage of predictive analytics through external software overlays that provide real time data dashboards.
  - 5.1.1 Develop and implement Mindshare CFSR dashboards
  - 5.1.2 Develop and implement Director's 26 Metrics dashboards
  - 5.1.3 Build internal capacity for predictive analytics
- 5.2 To improve engagement and outreach DCFS will implement the mobile application pilot, giving workers and investigators instant access to case information and essential supports, which ensures the highest quality investigations, interactions, and service delivery.
  - 5.2.1 Develop and implement the Mobile technology pilot
  - 5.2.2 Develop and implement the Mobile pilot expansion plan
  - 5.2.3 Provide mobile devices to private sector sub-contractors.
- 5.3 To establish and integrate a new statewide automated child welfare information systems (SACWIS), improving departmental efficiency, usability, and quality of our outcomes data and service delivery.
  - 5.3.1 Submit for approval the Planning Annual Planning Document (PAPD)
  - 5.3.2 Award RFP and on board planning vendor
  - 5.3.3 Gather requirements for new system by planning vendor
  - 5.3.4 Receive approval of the Implementation Annual Planning Document (IAPD)
  - 5.3.5 Implement new system
- 5.4 To improve the National Electronic Interstate Compact Enterprise (NEICE), targeting youth and families in cross-state placements, ensuring effective monitoring, service delivery, and communication.
  - 5.4.1 Identify lessons learned from the first six "pilot" states that implemented the NEICE environment in August of 2014.
  - 5.4.2 Utilize NEICE to assure that the youth who require placement in other states are placed effectively and efficiently through improved interstate data exchange.
- 5.5 To implement and establish a 360 Degree View Pilot designed to integrate multiple state agencies databases into one usable program screen, establishing a cross-agency understanding of service delivery to youth and families.
  - 5.5.1 Finalize memorandum of understanding for data sharing
  - 5.5.2 Pilot site implement technology
- 5.6 To create and establish interagency memorandums of understanding allowing for Health and Human Services Enterprise Solution and use of multi-agency data to further drive predictive analytics (See 5.1 and 5.4).

- 5.7 To strengthen DCFS by engaging national opportunities for cross state partnership and technical assistance, offering learned lessons, best practices, and innovative ideas from across the country.
  - 5.7.1 Apply for National Governors Association Learning Lab on Cross-Sector Collaboration to address the health and success of children
  - 5.7.2 Submit Application for National Council on Crime and Delinquency, Cross-Systems Data Sharing and Transparency Project to Reduce Juvenile Justice System Involvement.
  - 5.7.3 Submit application for the National Governor's Association (NGA) two generation project
- 5.8 Establish access to online and mobile licensing software to create efficiency in processing licensing applications and building capacity.
  - 5.8.1 Establish access to online and mobile licensing software to create efficiency in processing licensing applications and building capacity
  - 5.8.2 Begin pilot of the On-Line Licensing Application process in July 2016
  - 5.8.3 Implement Day Care Mobile Monitoring Application in October 2016
  - 5.8.4 Complete Sunshine Website Redesign for September 2016
  - 5.8.5 Submit revised Rule 383 (Enforcement) to the Joint Committee on Administrative Rules (JCAR)
  - 5.8.6 Approve Rule 383 Enforcement process training module for implementation in Fall 2016
  - 5.8.7 Begin training regarding Rule 402 (Foster Care License) requirements
- 5.9 To establish an automatic system that will share psychotropic medication consent processing data between the Guardian's Office and the University of Illinois at Chicago.
  - 5.9.1 Develop a secure on line submission process
  - 5.9.2 Develop an automatic system of notification to caseworkers of expiring consents in SACWIS
  - 5.9.3 Develop tracking mechanism for consent processing
  - 5.9.4 Develop data system to track unit performance and improvement needs
- 5.10 To continue the use of the Rapid Response Data group.
  - 5.10.1 Review and prepare reports on residential care and safety.
  - 5.10.2 Collaborate and coordinate stakeholder feedback through sub groups, recommendations from advisory councils, and other essential feedback.
  - 5.10.3 Identify and distribute data on usage, efficacy, and other essential data related information to stakeholders and on our public facing website to increase transparency.
  - 5.10.4 Produce a data display or series that are readily accessible and provide meaningful information to stakeholders.
  - 5.10.5 Review internal reports and production to look for duplication, redundancy, or dead reports, to streamline and reduce waste.



**Goal Six: Build relationships and effective communications streams internally and externally by engaging youth and their families.**

- 6.1 To communicate essential goals and strategies laid out for DCFS through a thorough communication plan. This will allow for an increase in departmental transparency and improving community trust.
  - 6.1.1 Host quarterly Live Streams with Director
  - 6.1.2 Host Regional Town Halls for Strategic Plan feedback
  - 6.1.3 Utilize DCFS Monitoring and Agency Performance Team (APT) staff as transformation communication liaisons to private sector
  - 6.1.4 Develop Strategic Planning section on DNet
  - 6.1.5 Present Strategic Plan to existing entities and committees
  - 6.1.6 Complete a Statewide Strategic Plan survey
  - 6.1.7 Provide frequent updates from The Office of Legislative Affairs regarding legislation to keep the Director and DCFS staff informed throughout the legislative process and assist in rule-making as needed.
  - 6.1.8 Articulate the Department's position on proposed legislation in testimony, and/or statements for the record through the Office of Legislative Affairs
  - 6.1.9 Manage legislative proposals through The Office of Legislative Affairs as well as post-hearing questions for staff, statutory reports and other correspondence as well as coordinate the Department's responses to requests from the General Assembly and other inquiries from individual members and staff, concerning all matters of the Department.
- 6.2 To support and engage with the Health and Human Services Transformation (HHS) in Illinois.
  - 6.2.1 The Office of Legislative Affairs acts as the DCFS representative at the State Capitol, communicates concerns and legislative goals of Senators/Representatives to the Department's policy makers and promotes policy and legislative initiatives of the Department. The office also tracks and assesses the impact of legislation affecting the Department.
  - 6.2.2 Our objective is to create a favorable climate in the Illinois General Assembly for the policy and legislative initiatives of the Department. The Office of Legislative Affairs will work with the other stakeholder agencies to ensure legislative outcomes and any appropriations that are needed.
  - 6.2.3 The Office of Legislative Affairs works closely with members and staff of the General Assembly's Human Services committees in both the House and Senate to advise the Director on legislative matters in order to assist in the formulation of policy and determining the overall direction of the Department. This office serves as the principal contact and coordinator for all Department interaction with the Illinois General Assembly as well as the Governor's Office and other State agencies.
- 6.3 To improve the utilization of expertise from the Child Welfare Advisory Committee, by formalizing a recommendation process, ensuring more structured implementation of recommendations.



- 6.3.1 Develop and implement standardized process for recommendations of committees and sharing decisions
- 6.3.2 Increase efficacy of committees and participation
- 6.4 To re-establish and utilize the expertise from the Child and Family Services Advisory Council by asking members to provide technical and implementation assistance and analysis of other types of issues and concerns brought to the department's attention through the formation of sub-groups.
  - 6.4.1 Complete and approve updated mission, vision and values
  - 6.4.2 Increase meeting frequency
  - 6.4.3 Provide technical assistance and training for new Council members
  - 6.4.4 Increase Committee membership with a focus on diversity and expertise
  - 6.4.5 Formalize with the executive leadership a strategic plan, a communications strategy, to commence our first State Summit, and create annual reporting of our strategic plan to the public
- 6.5 To implement a Success! Academy that provides leadership in child welfare learning to DCFS leaders through a 6 month intensive program utilizing experts from across the country.
  - 6.5.1 Work with Casey Family Programs to develop training materials
  - 6.5.2 Develop application and selection process of promising DCFS leaders
  - 6.5.3 Develop DCFS Train the Trainer model for remaining leaders
- 6.6 To utilize the DCFS strategic planning and innovation team to drive, track, and ensure sustainable change.
  - 6.6.1 Conduct Leadership retreat: February 2016
  - 6.6.2 Draft strategic plan: March 2016
  - 6.6.3 Meet with DCFS leadership to review strategic plan: March 2016
  - 6.6.4 Implement communications strategy and feedback: March through June 2016 (See 2.2)
  - 6.6.5 Unveil final plan at State Summit: August 2016
  - 6.6.6 Update strategic plan annually and share at State Summit
- 6.7 To establish and formalize our reporting process in collaboration with the B.H. consent decree expert panel and the plaintiff's council to courts every four months.
  - 6.7.1 Act as liaisons with divisions responsible for implementing B.H. plan
  - 6.7.2 Submit quarterly progress updates/reports
  - 6.7.3 Work with legal to draft and submit four monthly reports
  - 6.7.4 Manage consultants as necessary to support DCFS BH Implementation Plan.
  - 6.7.5 Establish and formalize the reporting process in collaboration with the B.H. consent decree expert panel and the plaintiff's counsel to courts every four months.
- 6.8 To engage the voice of youth in care and alumni; birth parents; foster and adoptive families; community stakeholders and providers in meaningful discussions about practice and transformation efforts through existing structures including Youth Advisory Board and Birth Parent councils; Statewide Foster Parent and Adoption councils.
  - 6.8.1 Open access to DNet.

- 6.8.2 Continue to collaborate with existing youth and family groups.
- 6.8.3 Develop new pathways for communication and collaboration.
- 6.9 To recruit, hire and retain minorities and females at all levels of employment.
  - 6.9.1 Send goal updates to managers on a monthly basis informing them of the percentage they need to achieve in each Equal Employment Opportunity (EEO) category in order to maintain compliance, regardless of headcount fluctuations.
  - 6.9.2 Encourage staff at all levels across Department divisions to work collaboratively to ensure that the highest quality services are provided on a fair, equitable, and culturally competent basis and facilitate achievement of the DCFS' mission.

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